WI-DHA Policy Statements 1975 - 2016

SECTIONS:

A. GOVERNANCE
B. MEMBERSHIP
C. RESEARCH
D. ROLES
E. REGULATION AND PRACTICE
F. EDUCATION
G. PUBLIC HEALTH
H. GLOSSARY (definitions)

These policy statements have been ratified by delegates during the annual House Of Delegates (HOD). The notation at the end of each policy statement is the resolution number and the year it was adopted. If there have been revisions to the statement, more than one notation may be seen.

E.g., R10-99 means that this policy statement was the tenth resolution at the 1999 HOD.

R15-01/R5-02 means that this statement was made into a policy at the 2001 HOD and revised at the 2002 HOD.

Key words (capital letters) have been identified for each of the policy statements to aid in searching the document.
Wisconsin Dental Hygienists’ Association
Policies 2016-1975

A. GOVERNANCE

The WI-DHA adopt the ADHA new Code of Ethics. R1-98 (Complete text at the end of WI-DHA bylaws)

WI-DHA declares the following to be the Vision, Values and Goals of the Association:

WI-DHA’S CORE IDEOLOGY is to lead the transformation of the dental hygiene profession to improve the public and overall oral health.

WI-DHA’s VISION is the integration of dental hygienists into the healthcare delivery system as primary care providers. Dental hygienists will practice to the fullest extent of their education, training and licensure to improve access to oral health care.

WI-DHA’S GOALS are to …

- Advance the profession of dental hygiene at the state level
- Facilitate the preparation of dental hygienists to practice an evolving scope in expanded settings
- Expand the influence of dental hygienists in the health care arena
- Have the infrastructure to support its core ideology and vision

R22-01 / R13-03 / R11-17

The WI-DHA endorses ADHA as it declares its intent to be the credentialing authority for the dental hygiene profession beyond initial licensure.

R7-06

B. MEMBERSHIP

The WI-DHA’s Outstanding Service Award be renamed the Carol B. Benson Memorial Outstanding Service to Dental Hygiene Award.

AWARD

R7-93

The WI-DHA supports that SADHA advisors be members of ADHA.

ADVISORS

R3-99

The WI-DHA Membership Council work to include member and non-member dental hygienists as active participants in organized dental hygiene.

COUNCILS or COMMITTEES

R5-09
The WI-DHA is an inclusive organization. We value the differences within our membership and we recognize that diversity adds value to our organization, our mission and the quality of our programs and services.

DIVERSITY R10-14 / R2-16
INCLUSIVITY

The WI-DHA supports an honorary member’s name, once granted, will be added to a list of honorary members and the year they were named. This list will be kept in the same manner as WI-DHA presidents and Carol Benson Award recipients and included in the annual report at the HOD and in the Operations Manual.

HONORARY MEMBERS R1-14

C. RESEARCH

The WI-DHA advocates research, development, and utilization of emerging technologies that maximize human health and safety.

EMERGING TECHNOLOGY R6-97

The WI-DHA supports the purpose of the Oral Health Institute and that WI-DHA encourages its components and individual members to support it.

ADHA ORAL HEALTH INSTITUTE R4-89/R2-01

The WI-DHA supports basic science and applied research in the investigation of health promotion/disease prevention and theoretical frameworks, which form the basis for education and practice.

SCIENCE R7-96
RESEARCH
EDUCATION
PRACTICE

D. ROLES

The WI-DHA advocates the role of dental hygienists in research, including their contributions to interdisciplinary studies and practice.

RESEARCH R3-13
ROLES

The WI-DHA supports the role of the dental hygienist as the Infection Control Leader/Hazard Communication Leader in the dental office.

ROLES R7-90
INFECTION CONTROL

The WI-DHA advocates that dental hygienists promote health literacy.

HEALTH LITERACY R3-14
HYGIENISTS’ ROLE
The WI-DHA supports the utilization of dental hygienists in response to catastrophic events.

**CATASTROPHIC EVENTS / HYGIENISTS’ ROLE**

The WI-DHA advocates that dental hygienists are qualified to play an active role in the recognition of oral manifestations of eating disorders, assessment of oral risk factors, education, and referral for care.

**EATING DISORDERS / HYGIENISTS’ ROLE**

The WI-DHA believes that dental hygienists measure and record blood pressure on all patients as part of conducting a thorough health history.

**BLOOD PRESSURE SCREENING**

**HYGIENISTS’ ROLE**

The WI-DHA advocates the creation of an Advanced – Practice Dental Hygienist who provides diagnostic, preventive, restorative and therapeutic services directly to the public.

**ADHP ROLE**

**E. REGULATION AND PRACTICE**

The WI-DHA recommends that prohibited practices for dental assistants be specified within the Wisconsin Administrative Code.

**ADMINISTRATIVE CODE / DENTAL ASSISTANTS**

The WI-DHA support the use of the Dental Assisting National Board as one avenue of verifiable on-the-job training competency for unlicensed persons.

**DENTAL ASSISTANTS / COMPETENCY**

The WI-DHA supports that dental assistants who have successfully passed the Dental Assisting National Board (DANB) should be recognized as having achieved minimal competency and credentialing as a dental assistant in the State of Wisconsin.

**DENTAL ASSISTANTS / COMPETENCY**

The WI-DHA advocates that direct and third party reimbursement payors or the laws that govern them shall not discriminate with respect to participation under the plan or coverage or reimbursement for covered services against any dental hygienist provider who is acting within the scope of that provider’s license or certification under applicable State law.

**REIMBURSEMENT**

The WI-DHA advocates self-regulation for the profession of dental hygiene. The WI-DHA advocates the appointment of the proportionate representation of dental hygienists who are graduates of accredited dental hygiene programs as full voting and policy-making members of agencies that regulate the practice of dental hygiene and administer dental hygiene examinations.

**SELF-REGULATION**
The WI-DHA supports complying with or exceeding federal, state and local authoritative agencies such as (OSHA) and Centers for Disease Control (CDC) recommendations and guidelines in providing a safe environment for dental personnel and patients.

HEALTH AND SAFETY.  

That WI-DHA approves and supports the Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene.

ADMINISTRATIVE CODE

The WI-DHA supports the appointment of public members as full voting and policy making members of boards that regulate dental hygiene.

REGULATORY BOARD

PUBLIC MEMBERS

The WI-DHA, due to increased latex sensitivity and allergies, supports the elimination of latex products, provided there are viable alternatives.

LATEX SENSITIVITY

The WI-DHA supports polishing the clinical crown as a selective procedure and not a routine part of an oral prophylaxis, and that the decision to polish a patient’s / client’s teeth should be based on the assessment of the patient’s / client’s needs, treatment plan and informed consent.

CORONAL POLISHING

SELECTIVE POLISHING

The WI-DHA recognizes that the dental hygienist is accountable both legally and ethically for the quality of dental hygiene services and the client’s oral health care as it relates to dental hygiene practice.

ACCOUNTABILITY / ETHICS

The WI-DHA supports licensure and regulation of the practice of dental hygiene.

LICENSED

REGULATION

The WI-DHA supports broadening the scope of dental hygiene practice though the Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene to meet the health care needs of the public.

SCOPE OF PRACTICE

ADMINISTRATIVE CODE

The WI-DHA endorses that a dental hygienist perform a thorough extra and intra oral examination as an integral component of every comprehensive oral health assessment.

ASSESSMENTS

INTRA / EXTRA-ORAL EXAM
The WI-DHA supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

**SCOPE OF PRACTICE. EXPANSION**

R5-03

The WI-DHA encourages all dental hygienists to support the current guidelines of HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act) in the handling of patient records and confidentiality.

**PATIENT RECORDS**

CONFIDENTIALITY

R16-03

The WI-DHA supports National Licensure Portability (NLP) for licensed dental hygienists.

**LICENSE PORTABILITY**

R8-90/R1-07

The WI-DHA supports direct access to a dental hygienist in all practice settings.

**DIRECT ACCESS**

R4-97/R4-00/R11-01/R2-07

The WI-DHA advocates that licensed dental hygienists determine the need for and administer preventive and therapeutic agents. Dental hygienists will act as educators regarding the benefits of such agents.

**DETERMINATION**

R6-83/R30-96/R7-04/R6-04/R4-07

The WI-DHA supports systems to ensure quality assurance.

**QUALITY ASSURANCE**

R5-10

The WI-DHA advocates the inclusion of dental hygienists in the development of federal, state and local policies that support improved oral health and wellness.

**POLICY DEVELOPMENT**

R8-10

The WI-DHA recommends the addition of oral health diagnostic codes in conjunction with procedure codes as part of the federally mandated and standardized code sets in oral health care to improve diagnosis, prevention and treatment of oral health diseases and conditions.

**DIAGNOSTIC CODES**

R6-11

The WI-DHA supports qualified dental hygienists, (i) owning and operating dental hygiene practices, (ii) entering into provider agreements and (iii) receiving direct and third party payments for services rendered, so long as such activities are undertaken in accordance with applicable state law.

**OWNERSHIP OF DENTAL HYGIENE PRACTICES**

**THIRD PARTY PAYMENTS**

R7-11

The WI-DHA advocates that licensed dental hygienists who are graduates of accredited dental hygiene programs serve as advisors, consultants, and liaisons to state policy making agencies or as full voting members of state agencies that regulate the practice of dental hygiene and dentistry.

**POLICY MAKING**

**SELF-REGULATION**

R9-13
The WI-DHA endorses increasing public access to dental hygiene care provided by licensed dental hygienists who are graduates of an accredited dental hygiene program by removing regulatory restrictions on the numbers of dental hygienists eligible for employment or contractual provider agreement within a practice setting.

REGULATORY RESTRICTIONS / ACCESS R12-13

The WI-DHA advocates that clearly written statements from the Wisconsin Dental Examining Board (WDEB) outlining permitted and prohibited dental procedures for dental hygienists and assistants be made public.

ADMINISTRATIVE CODE PERMITTED / PROHIBITED PROCEDURES R16-14

The WI-DHA supports membership of dental hygienists on the WDEB with full voting privileges.

REGULATION R1-75

The WI-DHA recognizes dental hygiene as a profession.

PROFESSION R7-82

The WI-DHA, in order to promote high quality dental hygiene care, support position papers on best practices in dental hygiene.

BEST PRACTICES POSITION PAPERS R6-99/R16-02

The WI-DHA supports agency protocol or prescription as the entry level of supervision for dental hygienists performing dental hygiene functions.

SUPERVISION R9-84/R18-03

F. EDUCATION

The WI-DHA advocates for a tobacco-free environment and supports laws which prohibit the marketing and distribution of nicotine delivery and promotional look-alike products that encourage tobacco use. Further, the Wisconsin Dental Hygienists’ Association supports the role of the dental hygienist in prevention and cessation of tobacco usage through education.

TOBACCO CESSATION EDUCATION R6-15

The WI-DHA advocates that dental hygiene license holders maintain or exceed continuing education requirements for licensure as stated in the Wisconsin Administrative Code Relating to the Practice of Dentistry and Dental Hygiene.

CONTINUING EDUCATION R22-14

The WI-DHA supports the standard that all dental hygiene educators be active members of ADHA.

EDUCATORS MEMBERSHIP R2-87
The WI-DHA opposes all forms of preceptor training for dental hygienists and for dental hygiene procedures.  

**PRECEPTORSHIP**  
**EDUCATION**  

The WI-DHA supports the practice of dental hygiene only by licensed registered dental hygienists, who have graduated from an accredited dental hygiene program.  

**LICENSURE**  
**ACCREDITED PROGRAMS**  

The WI-DHA support the Associate Degree in Dental Hygiene, obtained from an accredited program, as an appropriate and educationally sound minimum requirement for entry into the practice of dental hygiene.  

**ASSOCIATED DEGREE**  
**ENTRY-LEVEL**  

The WI-DHA recognizes the pursuit of advanced degrees by registered dental hygienists as an avenue for professional development.  

**PROFESSIONAL DEVELOPMENT**  

The WI-DHA support the following statements regarding Certificate and/or Associate Degree Dental Hygiene Programs.  
1. Programs offering certificates and/or associate degrees should provide an education consistent with the associate degree standards of higher education. The certificate and/or associate degree curriculum should be conducted at an educational level that includes a minimum of two years of dental hygiene program of which is accredited by a national agency recognized by the United States Department of Education, and/or an appropriate national voluntary agency. This education level should allow for admission to four-year colleges and/or universities at the upper division level.  
2. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and dental hygiene sciences content and shall provide a theoretical framework as well as mechanisms for achieving clinical competence when appropriate for all aspects of dental hygiene practice.  
3. Certificate and or associate degree programs are encouraged to develop academic partnerships or articulation agreements with four year colleges and/or universities to allow the development of integrated baccalaureate degree dental hygiene curricula.  

**ASSOCIATED DEGREES**  
**ENTRY-LEVEL**  
**CURRICULUM**  

The WI-DHA support the following statements regarding Baccalaureate Degree Dental Hygiene Programs:  
1. Programs offering baccalaureate degree should provide an education consistent with standards in higher education. The baccalaureate curriculum should be conducted at a level, which allows for admission to university graduate programs. The curriculum should incorporate a substantive body of knowledge in the social, behavioral, and biological sciences a prerequisite for entrance into advance disciplines.
2. Baccalaureate programs conferring the Bachelor of Science degree in dental hygiene should provide advanced knowledge and skills in dental hygiene. These services shall be determined by projected oral health needs, potential for the dental hygienist to provide services to meet these needs and the ability of the dental hygiene program to provide instruction in these areas.

3. The curricula should allow for biomedical sciences, oral health sciences and dental hygiene science content and shall provide a theoretical framework for all aspects of dental hygiene practice.

4. Baccalaureate degree programs are encouraged to develop four year integrated dental hygiene curricula.

The WI-DHA support the following statements regarding Master’s Degree Programs in Dental Hygiene.

1. Master’s degree programs in dental hygiene should be at an educational level equivalent to master’s degree programs in other disciplines and allow further pursuit of advanced degrees.

2. Curricula should be designed to provide dental hygienists with advanced concepts in social, behavioral, and biological sciences and dental hygiene practice. They should provide graduates with the skills necessary to contribute to the expansion of the dental hygiene body of knowledge through research.

The WI-DHA advocates that dental hygiene educational programs be administered or directed only by educationally qualified licensed dental hygienists.

The WI-DHA opposes reduction of educational standards, and or requirements for licensure of dental hygienists.

The WI-DHA supports the development and implementation of flexibly scheduled and / or technologically advanced educational delivery systems only when clinical, didactic, and laboratory education is provided within an accredited dental hygiene program.

The WI-DHA supports that the eligibility requirements for the National Board Dental Hygiene Exam administered by the Joint Commission on National Dental Examinations be limited to graduates of accredited programs and graduation-eligible students of accredited dental hygiene programs.

The WI-DHA advocates loan forgiveness programs for licensed dental hygienists who provide dental hygiene services to at risk populations.
The WI-DHA promotes cooperative continuing education efforts among other health disciplines to promote exchange of information and to foster a multidisciplinary approach to preventative care.

CONTINUING EDUCATION
MULTI-DISCIPLINARY  R13-06

The WI-DHA supports a standardized educational curriculum developed by the American Dental Hygienists’ Association (ADHA) for the advanced dental hygiene practitioner.

ADHP CURRICULUM  R3-04/R6-07

The WI-DHA supports the recruitment of qualified applicants for accredited dental hygiene programs.

EDUCATION
ADMISSIONS QUALIFICATION  R1-90/R10-96/R7-07

The WI-DHA supports the initiation of new dental hygiene programs when:

- The proposed program has conducted a comprehensive evidence-based needs assessment to support the development and sustainability of the program. It is further documented that an existing institution of higher education cannot meet these needs.
- There is documented evidence-based, ongoing manpower need that cannot be met by currently licensed dental hygienists in the region.
- There is a demonstrated qualified applicant pool.
- There is a potential patient pool.
- The program offers an integrated curriculum that culminates in baccalaureate degree in dental hygiene.
- The program has financial resources to initiate and maintain dental hygiene educational standards.
- The program is endorsed by the component and constituent dental hygienist associations, community partners and potential employers.
- The program meets or exceeds accreditation requirements prior to the acceptance of students.

The WI-DHA advocates for accreditation by the dental hygiene profession, of all entry level, degree completion, and graduate dental hygiene educational programs.

NEW EDUCATION PROGRAMS  R13-13
NEEDS ASSESSMENT
ACCREDITATION

The WI-DHA advocates that dental hygiene license holders maintain or exceed continuing education requirements for licensure as stated in the Wisconsin Administrative Code Relating to the Practice of Dentistry and Dental Hygiene.

CONTINUING EDUCATION  R22-14

G. PUBLIC HEALTH

The WI-DHA advocates an oral assessment and establishment of a dental home for all children soon after the eruption of the first primary tooth or by twelve months of age.

DENTAL HOME  R6-13
The WI-DHA recognizes that dental hygiene is the health profession which in cooperation with other allied professions provides services to promote optimal oral health for the public.

PROFESSION

The WI-DHA support activities for National Dental Hygiene Month and other oral health awareness initiatives.

NDHM

The WI-DHA supports nutritional guidelines and programs that promote total health and encourages media advertising and public education that promote healthy eating habits and wellness.

HEALTH PROMOTION

The WI-DHA advocates for advertising supported by evidence-based research and supports professional and consumer groups who promote those efforts.

EVIDENCE-BASED

ADVERTISING

The WI-DHA supports utilizing the services provided by dental hygienists in community health programming.

COMMUNITY HEALTH

The WI-DHA recognizes that the academic preparation of dental hygienists enables them to work in and evaluate community based programs and facilities.

COMMUNITY BASED PROGRAMS

The WI-DHA advocates a multiple approach to the prevention of dental caries in all oral health care programs and settings.

CARIES PREVENTION

The WI-DHA advocates continued increased funding for preventive programs designed to provide health services to the under-served.

FUNDING

UNDER-SERVED

The WI-DHA advocates the development of community based comprehensive oral health programs.

COMMUNITY ORAL HEALTH

The WI-DHA recognizes the priority of children, pregnant women, the elderly and persons who are developmentally, physically, mentally or medically compromised and advocates the inclusion of comprehensive oral health services in the design of health care programs.

COMPROMISED

PRIORITIES

PROGRAMS
The WI-DHA supports the following:

1. Interdisciplinary preventive and therapeutic care for the developmentally, physically, mentally and / or medically compromised.
2. Promotion of public and professional awareness of the need for this care.
3. The encouragement of public funding and their party payments for such services.

The WI-DHA supports the following dental health objectives, which confirm our commitment to care.

WI-DHA objectives for health promotion and disease prevention are similar to those established by the United States Public Health Services, which include:

- Ensuring an adequate supply of appropriately educated Registered Dental Hygienists.
- Assuring that preventive dental hygiene care reaches all segments of the population.
- Improving oral health care in long-term care institutions and facilities.
- Teaching prevention of oral diseases in all elementary and secondary schools.
- Ensuring that graduates of all health care programs can demonstrate knowledge of prevention of oral disease.
- Providing a continuing education mechanism for teachers and all health care providers to expand their knowledge of preventing and controlling oral disease.
- Supporting the optimal use of fluorides in drinking water to ensure maximum benefits while minimizing the risk of dental fluorosis.
- Advocating the delivery of fluoride treatments and sealants by a Registered Dental Hygienist in a school or public health setting as well as the development of tobacco cessation programs.
- Increase practice settings to assure access to preventive, educational and therapeutic oral services.

The WI-DHA advocates that dental hygienists, as health care professionals are responsible for taking appropriate action in suspected abuse and neglect cases.

The WI-DHA supports legislation granting immunity to dental hygienists when responding to any disaster or emergency situation, so declared by an appropriate authority.

The WI-DHA advocates that it work cooperatively with state and local dental associations and allied organizations for the enactment and continuation of statewide fluoridation programs.

The WI-DHA supports registered dental hygienists performing primary assessments (dental triage) as a regular part of the dental hygiene process of care.
The WI-DHA supports the use of effective mouth and head protection for participants during sports and other activities where there is a risk of dental and/or craniofacial injuries.

PROTECTIVE EQUIPMENT
INJURY PREVENTION

R7-04

The WI-DHA supports the final report of the 2005 Governor’s Task Force to Improve Access to Oral Health.

GOVERNOR TASK FORCE

R1-05

The WI-DHA recognize and participates in coalitions that work to bring optimal health and total oral health to the public.

COALITIONS

OPTIMAL HEALTH

R8-06

The WI-DHA is aware of substance misuse, abuse or addiction and supports the education, information and referral for those with these health problems.

SUBSTANCE ABUSE, ADDICTION

R12-06

The WI-DHA supports education on the risks associated with tobacco use.

TOBACCO EDUCATION

R6-90/R8-95/R9-95/R13-96/R10-07

The WI-DHA supports efforts on behalf of dental professionals assuring treatment provided minimizes any allergic risk to the public and providers.

RISK MANAGEMENT

ALLERGIES

R2-09

The WI-DHA supports consumer awareness by advocating labeling of all products having potential adverse effects on oral/systemic health.

PRODUCT LABELING

RISK

R6-10

The WI-DHA supports programs informing stakeholders of the scope of dental hygiene practice and its contribution to health in collaboration with health care delivery providers.

SCOPE OF PRACTICE

COLLABORATION

R9-10

The WI-DHA advocates the development of evidence-based comprehensive community oral health programs.

COMMUNITY PROGRAMS

EVIDENCE-BASED

R10-10

The WI-DHA advocates delivery of evidence-based dental hygiene services by licensed dental hygienists in all settings.

EVIDENCE-BASED

R11-10
The WI-DHA advocates for education about and the use of xylitol for its preventive and therapeutic benefits against oral disease.

**XYLITOL BENEFITS**

The WI-DHA advocates arrangements between school districts and vendors to promote the consumption of healthy foods and beverages.

**HEALTHY FOODS / BEVERAGES**

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**G. GLOSSARY (definitions)**

**Accreditation**: A formal, voluntary, non-governmental process that establishes a minimum of national standards which promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public.

**ACCREDITATION**

**Advanced Dental Hygiene Practitioner**: A dental hygienist who has completed an advanced, graduate level curriculum that allows for the acquisition of competencies that 1) build upon the fundamental knowledge and skills achieved at the entry level and 2) prepares individuals for a level of evidence-based clinical decision-making and scope of practice and responsibility required of the advanced practitioner.

**ADVANCED DENTAL HYGIENE PRACTITIONER**

**Advanced Practice Dental Hygiene**

1. Provision of clinical and diagnostic services in addition to those services permitted to an entry level dental hygienist, including services that require advanced clinical decision making, judgment and problem solving.

2. Completion of a clinical and academic education program beyond the first professional degree required for entry level licensure which qualifies the dental hygienist to provide advanced practices services and includes preparation to practice in direct access settings and/or collaborative relationships.

**ADHP**

**At-Risk Population**: A community or group of people whose social or physical determinants, environmental factors, or personal behaviors increase their probability of developing disease.

**AT RISK POPULATION**

**Collaborative Practice**: An agreement that empowers the dental hygienist to establish a cooperative working relationship with other health care providers in the provision of patient care.

**COLLABORATIVE PRACTICE**

**Dental Home**: A relationship between a person and a specific team of health professionals, led by a licensed dental provider. The dental home is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health services as part of integrated health care.

**DENTAL HOME**
Dental Hygiene:  
The science and practice of the recognition, treatment, and prevention of oral diseases and 
conditions as an integral component of total health.  The profession of dental hygienists.
DENTAL HYGIENE  R4-84/R1-15

Dental Hygienist:  A primary care oral health professional who has graduated from an accredited dental 
hygiene program in an institution of higher education, licensed in dental hygiene to provide education, 
assessment, research, administrative, diagnostic, preventive and therapeutic services supporting total 
health through the promotion of optimal oral health.
DENTAL HYGIENIST  R3-84/R2-15

Dental Hygiene Process of Care includes the following elements: Assessment, Diagnosis, Planning, 
Informed Consent, Implementation, Evaluation, and Documentation.
DENTAL HYGIENE PROCESS OF CARE  R5-14

The WI-DHA supports the following definitions for the Dental Hygiene Process:

- **Assessment**: The systematic collection and analysis of data in order to identify client* 
  needs. *Client may refer to individuals, families, groups, or communities as defined in the 
  ADHA Framework for Theory Development.

- **Diagnosis**: The identification of client strengths and oral health problems that dental 
  hygiene interventions can improve. The identification of a client’s health behaviors, 
  attitudes, and oral health care needs for which a dental hygienist is educationally 
  qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based 
  critical analysis and interpretation of assessments in order to reach conclusions about the 
  client’s dental hygiene treatment needs. The dental hygiene diagnosis provides the basis 
  for the dental hygiene care plan.

- **Planning**: The establishment of realistic goals and the selection of dental hygiene 
  interventions that can move the client closer to optimal oral health.

- **Informed Consent**: The process by which a fully informed client can participate in choices 
  about his/her health care.

- **Implementation**: The act of carrying out the dental hygiene plan of care.

- **Evaluation**: The measurement of the extent to which the client has achieved the goals 
  specified in the dental hygiene care plan. The dental hygienist uses evidence-based 
  decisions to continue, discontinue, or modify the dental hygiene care plan based on the 
  ongoing reassessments and subsequent diagnosis.

- **Documentation**: The complete and accurate recording of all collected data, treatment 
  planned and provided, recommendations, and other information relevant to patient care 
  and treatment.
DENTAL HYGIENE PROCESS  R9-97/R3-15
**Dental Public Health Settings:** Any setting where population-based, community-focused oral health interventions can be used and evaluated as a means to prevent or control disease.

PUBLIC HEALTH SETTING R2-11

**Dental Triage:** The screening of clients to determine priority of treatment needs.

TRIAGE R4-04/R6-07

**Direct Access:** Allows a dental hygienist the right to initiate treatment based on his or her assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist and maintain a provider-patient relationship.

DIRECT ACCESS R7-14

**Direct payment:** The dental hygienist is the direct recipient of payment for services rendered.

**Diversity:** An inclusion of varied characteristics, ideas and world views in a community.

DIVERSITY R9-11

**Employee Practitioner**
A dental hygienist who provides dental hygiene treatment as an employee in accordance with state dental hygiene/dental practice acts.

**Evidence-based dental hygiene:** (EBDH) is an approach to oral health care that requires the collection and integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and systemic health status and history, with the dental hygienist’s clinical expertise and the patient’s treatment needs and preferences.

EVIDENCE BASED DENTAL HYGIENE R1-06

**Health Literacy:** the capacity for an individual to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions.

HEALTH LITERACY R2-13

**Independent contractor**
A dental hygienist who has a business arrangement, consistent with Internal Revenue Service and state requirements, whereby s/he contracts to provide dental hygiene treatment in accordance with state dental hygiene / dental practice acts.

R1-87/R1-03

**Independent practitioner**
A dental hygienist who provides dental hygiene services to the public without the specific authorization of a dentist through direct agreement with each client in accordance with the state dental hygiene/dental practice acts.

R1-87/R1-03

**Interdisciplinary Care:** Two or more healthcare providers working within their respective disciplines who collaborate with the patient and/or caregiver to develop and implement a care plan.

INTERDISCIPLINARY CARE R2-10

**Mid-level Oral Health Practitioner:** A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation and referral services. The Mid-level Oral Health Practitioner has met the educational requirements to provide services.
within an expanded scope of care, and practices under regulations set forth by the appropriate licensing agency.

MID-LEVEL PRACTITIONER 

Needs Assessment: A systematic process to acquire an accurate, thorough analysis of a system’s strengths and weaknesses, in order to improve this process to meet existing and future needs.

NEEDS ASSESSMENT 

Optimal oral health: as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort or embarrassment, and which contributes to general well-being and overall total health.

OPTIMAL ORAL HEALTH 

Position Paper: A written document that summarizes the organization’s viewpoint on a specific topic, which includes supporting research. The purpose is to communicate to members and external audiences.

POSITION PAPER 

Primary care provider: any person who by virtue of dental hygiene licensure, graduation from an accredited dental hygiene program, and a defined scope of practice, provides one or more of these services defined under the scope of primary care.

PRIMARY DENTAL HYGIENE CARE 

Primary Care (Characteristics of): First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings.

Primary Care (Integration of): Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time.

Primary Dental Hygiene Care Provider - The dental hygienist is a primary care oral health professional who administers a range of services which are defined by the scope, characteristics and integration of care.

Professional Autonomy: a profession’s authority and responsibility for its own standards of education, regulation, practice, licensure and discipline.

PROFESSIONAL AUTONOMY 

Scope of Primary Care: Consists of the assessment, diagnosis, planning, implementation, evaluation and documentation of procedures for promoting the highest level of health possible to the patient.

Self-Regulation: Regulation of the practice of dental hygiene by dental hygienists, who are graduates of an accredited dental hygiene program and are authorized by state government to define the
dental hygiene scope of practice, set educational and licensure standards, regulate and discipline dental hygienists.

**SELF-REGULATION**

**Social Media**: Interactive web based platforms where users in virtual communities create and share user generated communications.

**SOCIAL MEDIA**

**Third-Party Payment**: the *dental hygienist* receives payment by someone other than the beneficiary for services rendered.

**DIRECT PAYMENT**

**THIRD-PARTY PAYMENT**